		PΔ	ORD	information unless it displays a valid OMB control of Application of Docket Number								
		CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER TH.	
		FOR	NUMI	BER FILED	) NU	NUMBER EXTRA		ATE	FEE	7	RATE	
i		SIC FEE CFR 1.16(a))			<del></del>		1   "		\$	1	NAIE	FE
	TO	TAL CLAIMS CFR 1.16(c))		minus 2	20		1		<u> Ψ</u>	OR		\$
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	(37 CFR 1.16(b)) minus 3 = •					× \$	=		OR	X \$=	<u> </u>	
İ	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$	=		OR	+ \$=	
	• If the difference in column 1 is less than zero, enter "0" in column 2.					то	TAL.		OR	TOTAL		
ı		CLAIMS AS AMENDED - PART II										
		1 1 1 10 10 10 10 10 10 10 10 10 10 10 1								OR	OTHE	R THAN
ŀ	L	HAV:	(Column 1)	1	(Column 2		SMALL		ENTITY	1		ENTITY
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		•	(Column 1)		(Column C	2) (0-1	ADDE	rec		) A	ADD'L FEE	
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	AM	<del></del>	ATION OF MULTIPLE	DE05:	THE OLD THE	_L	× \$			OR	× \$=	
H	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$	_=		OR	+ \$= TOTAL		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.